

NATIONAL Assessment Centre Services

(Ref: 200705)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 05/08/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19013637/13 | SAS e-filing | | |
| Veh No: SJQ1603M | E-mail (within 8hrs; AIC 2hrs) | | |
| D.O.A: 03/08/19 1200 | i-Motor Claim Form | MT/1056512-001 | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs; TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

56053542

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: (

Warranty: YES (

NO (

Excess: (\$

Loading: \$1,000 (

)/ \$2,000 (

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

NA1905909

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OP:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|---|
| Date Of Report | 05/08/2019 12:11 |
| Date Of Accident | 03/08/2019 12:00 |
| Exact Location Of Accident | TPE SLIP RD EXIT TPE TWDS HOUGANG & LOR HALUS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJQ1623M |
| Insured/Policyholder | |
| Name Of Registered Owner | YASIM B MANSOOR |
| NRIC No | S0126642Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96702009 |
| Alternative Phone No | OTHERS-96702009 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | FIT |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5108299873 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YASIM B MANSOOR |
| NRIC No | S0126642Z |
| Date Of Birth | 15/04/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/07/1977 |
| Driving Experience | 42 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96702009 |
| Fax Number | |
| Contact Number | OTHERS-96702009 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 741 PASIR RIS ST 71 #09-43 |
| Postcode | 510741 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 4 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : SALMI BINTE KASNO GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190805/2022

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SGQ5354Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SOH SERENE |
| NRIC/Passport Number | |
| Contact Number | 93880950 |

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJX4563X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver HK TAN
NRIC/Passport Number S1763434H
Contact Number 96990444
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJG1488P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAW YEW WEE
NRIC/Passport Number
Contact Number 90272073
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YASIM B MANSOOR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJQ1623M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SALMI BINTE KASNO
Approximate Age
Injuries Sustain PAIN RIGHT ABDOMEN
Injured person in which vehicle? SJQ1623M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

5/8/19

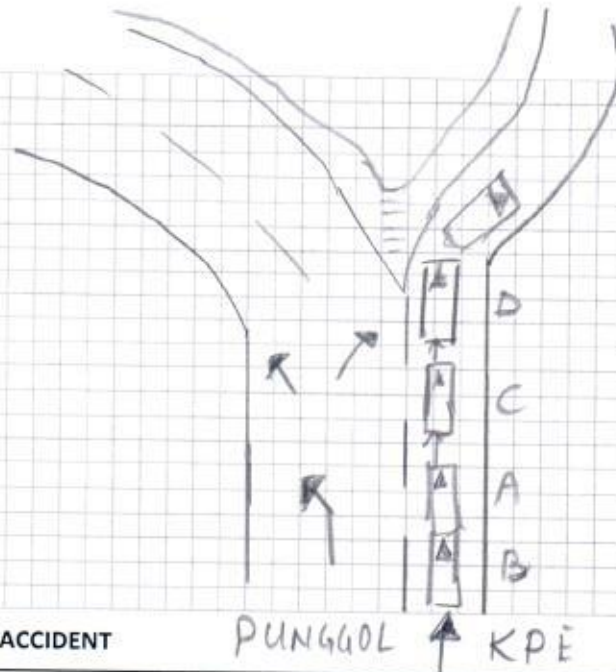
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

sym 05/08/19

SKETCH PLAN

A - SJQ 1623M
 B - SGQ 5354Z
 C - SJX 4563X
 D - SJG 1488P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190805/2022

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 5/8/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190805/2022

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20190805/2022

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 05/08/2019 11:16 | | Vide Report No.: | | Station Diary No.: 28 | |
| Informant's Particulars | | | | | |
| Name of Informant: YASIM BIN MANSOOR | | | Address: APT BLK 741 PASIR RIS STREET 71 #09-43 SINGAPORE 510741 | | |
| ID Type / ID No.: NRIC NO / S0126642Z | | | Contact No.: Home/Office: Mobile: 96702009 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 65 | Date of Birth: 15/04/1954 | Type of Informant: Driver | | |
| Race: Javanese | | | Language: | | Institution / School Name: |
| Occupation: DISPATCH | | | Driving Licence Information: Class: 2B,2A,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 03/08/2019 12:00 | Type of Location: Y-Junction |
| Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY | | | | |
| Sliproad exiting TPE, at the junction towards Hougang and Lorong Halus | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|------------|--------|---------------------|-----------------|
| SGQ5354Z | Car | | | | | 0 |
| SJG1488P | Car | | | | Slightly Damaged | 0 |
| SJQ1623M | Car | HONDA | FIT 1.3G A | Silver | Slightly Damaged | 1 |
| SJX4563X | Car | | | | | 0 |



SINGAPORE POLICE FORCE



T/20190805/2022

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190805/2022

CONTINUATION OF REPORT

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| SJQ1623M | NTUC Income Insurance Co-Operative Limited | 5108299873 | 29/03/2019 | 26/04/2020 |

Details of Person Involved

| | | | |
|-----------------------------------|-------------------------|--|---------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | YASIM BIN MANSOOR | ID No. | S0126642Z |
| Related Vehicle | SJQ1623M (Car) | Contact No. | 96702009 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Passenger | | | |
| Name | SALMI BINTI KASNO | ID No. | S1539059Z |
| Related Vehicle | SJQ1623M (Car) | Contact No. | 96790943 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

On the 3rd of august 2019, at about 12:00pm, I was driving my vehicle SJQ1623M, along the slip road exiting TPE towards the direction of Hougang/Lorong Halus, and I was on the right lane heading towards Hougang. My wife was seated in the passenger seat next to me.

Suddenly, a vehicle VRN SJX456X, a white Opel which was in front of me in the same lane, jammed brake and came to a complete stop. I applied the brakes of my vehicle and managed to come to a complete stop about 1m behind. Subsequently, I felt an impact from the rear of my vehicle, and the impact caused my vehicle to move forward and hit the vehicle in front of me. My wife and I managed to exit the vehicle, and realized that my vehicle was the third vehicle involved in the accident, and there was a total of four cars involved in this accident. The vehicle that my car hit, also was moved forward by the impact, and hit another car (VRN SJG1488P). The vehicle that hit the rear of my vehicle has the VRN: SGQ5354Z.

There was no police or ambulance or tow truck on scene. All the drivers of the 4 vehicles, myself



**SINGAPORE
POLICE FORCE**



T/20190805/2022

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

3 c.

Report No. T/20190805/2022

CONTINUATION OF REPORT

included, exchanged our particulars, and took pictures of the accident. Subsequently, all 4 vehicles drove off from the scene. I was able to drive off from the accident scene. My car has damages on both the front and rear of the vehicle.

I then drove my car to my insurance's approved workshop (MTA Auto Solutions Pte Ltd), where my wife complained of pain in her right abdomen. We then decided to go to Changi General Hospital to make a check. Both my wife and I were given 4 days of MC each, and my wife was referred to a polyclinic for further follow up on symptoms. For myself, I feel a bit of slight ache in my body.

I do not know if the other drivers or passengers involved in the accident needed medical attention. My vehicle did not have an in-car camera at that point of time. I will be reporting this incident to my insurer and also lodging an accident report.

The details of the other drivers are as follows:

- 1)First car: SJG1488P TAW YEW WEE (HP: 9027 2073)
- 2)Second car: SJX4563X HK TAN (S1763434H) (HP: 9699 0444)
- 3)Last car: SGQ5354Z SOH SERENE (HP: 9388 0950)



**SINGAPORE
POLICE FORCE**



T/20190805/2022

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20190805/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Insp JUSTIN KHAW WEI LIANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
05/08/2019 11:16

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0126642Z

Name
YASIM BIN MANSOOR

For LKK/NAC Use Only

ياسم بن منصور

Race
JAVANESE

Date of birth
15-04-1954

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0126642Z

Name YASIM BIN MANSOOR

Birth Date 15 Apr 1954

Valid Date 26 May 2003

For LKK/NAC Use Only

000510498K

5941320



NRC No. S0126642Z



For LKK/NAC Use Only

Date of Issue
21-05-2018

Address
APT BLK 741 PASIR RIS STREET 71
#09-43
SINGAPORE 510741

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| CLASS | VEHICLE TYPE | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 30 Jun 1988 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 30 Jun 1988 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 12 Jul 1977 |

For LKK/NAC Use Only

NP 428A

50126642Z

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108299873

Cover : drivo CLASSIC

- | | |
|--|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SJQ1623M |
| Chassis Number | : GE61087090 |
| 2. Name of Policyholder | : YASIM B MANSOOR |
| 3. Effective Date of Insurance | : 29 Mar 2019 |
| 4. Expiry Date of Insurance | : 26 Apr 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : YASIM BIN MANSOOR |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HONG LEONG FINANCE LIMITED |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASOKA INVESTMENT PTE LTD (00000613895)
Date of Issue : 29 Mar 2019 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1056512

| | | | | |
|---|---|-------------------------------|---|----------------------|
| Policy No. | 5108299873 | Vehicle No. | SJQ1623M | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | YASIM B MANSOOR | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 96702009 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire |
| ▼ Accident Details | | | | |
| Report Date | 05/08/2019 17:50 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 03/08/2019 | Time of Accident hh:mm | 12:00 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | TPE SLIP RD EXIT TPE TWDS HOUGANG & LOR HALUS | | | |
| ▼ Total Excess Applicable | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | | TP Standard Excess | 0.00 | |
| YIED OD Excess | | YIED TP Excess | 0.00 | Driver is Covered? |
| Additional Excess | | | | |
| Total OD Excess Applicable | | Total TP Excess Applicable | 0.00 | |
| ▼ Benefits | | | | |
| ▼ GST Registered Information | | | | |
| GST Registered | No | GST Registration Date | | |
| GST Registration No. | | GST Status Verified | | Yes |
| Modification History | | | | |
| ▼ Policyholder Mailing Address | | | | |
| Address 1 | BLK 741 #09-43 | Address 2 | PASIR RIS STREET 71 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5108299873 | |
| ▼ OI Driver Info | | | | |
| Driver Name | YASIM BIN MANSOOR | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S01266422 | Driver DOB |
| Register Date of Driver License | 12/07/1977 | Driver Age | 65 | Driving Experience |
| Contact No.(Mobile) | 96702009 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 741 | Address 2 | PASIR RIS STREET 71 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | #09-43 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Com |
| Declaration | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Modification History | | | | |

Claim 001 OD-MX

New

| | | | |
|--------------------------|-----------------------------------|----------------------------------|------------|
| Claim Type * | OD-MX | Insured Name | YASIM I |
| Contact No.(Mobile) | 96702009 | Contact No. (Home) | 658148 |
| Email Address | | OI Vehicle Number | SJQ162 |
| Claim Description | SJQ1623M / SGQ5354Z ON 3 Aug 2019 | | |
| Preferred Workshop | Insured Liability | Not at Fault | |
| Contact No. Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | Received | | |
| | 05/08/2019 17:56 | Claim Close Date | |

Report Taken By

ROSINDA

Workshop
Repairer

✓ Print AK letter

Save

Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1056512 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 05/08/2019 00:00 |
| Path * | | Category * | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Clear | Please Select |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|------------|--|-----------------------|---------|---------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:55 | NRIC/ Driving License | Normal | NRIC/ Driving |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:55 | SAS | Normal | SAS |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:55 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:55 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:55 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:55 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:55 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:54 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:54 | Photos | Normal | Photos |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Aug 2019 17:54 | Photos | Normal | Photos |



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
05 Aug 2019 17:54

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
05 Aug 2019 17:54

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
05 Aug 2019 17:54

Photos

Normal

Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading